If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	1PLACE OF DEATH	STATE OF M	
	County	Registration D	0
	Village or City Generalow (No	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH
	Male Whit Single, Single, Married, Widowed, OR DIVORCED (Write the word)	16 DATE OF DEATH  (Month)	23 , 1981
	6 DATE OF BIRTH  Open 14 (Day) (Year)	17 I HEREBY CERTIFY, That I atte	
	yrs. 3 mos. de.   If LESS than   I day hrs. or min.?		above, atm.
4	(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Cheek not mee for leveral & shortly after heavy of shortly	tury to Child
	9 BIRTHPLACE (State or country) Kent Island  10 NAME OF FATHER Stored & Rudren	Contributory Secondary Reffords	To mos M. D.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, Violent Causes, state (1) Means of injunctional, Suicidal or Homicidal.	or, in deaths from ary and (2) Whether
	OF MOTHER  13 BIRTHPLACE  OF MOTHER  (State or Country)  (State or Country)	ients or Recent Residents)  At place of death yrs	
1	(Informant) Sloyd B Indrew	if not at place of dea.h?  Former or usual residence	DATE OF BURIAL
	(Address) Don Lova Md  15 Filed 1724 19231, & L. Gardner	Caston Ind	Dec 24, 1931
	Registrar  If more banks are needed, address State Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S.	No. 1.

14811

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Carc should be taken report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

> American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stlons answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 14812
1. PLACE OF DEATH	
County albot	Registration Dist. No. 290
Village or City Coston	No. Cure St., Ward death occurred in a hospital prinsitution, give ks NAME instead of street and number)
	6 ds. How long in U.S. if of foreign birth?wsmos ds.
2. FULL NAME I Program Bulle	
(a) Residence: No. QXXoX& MA	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Wonth)  (Day)  (Year)
5a. If matried, widowed, or divorced HUSBAND of C	22. I.HEREBY CERTIFY. That I attended deceased from
Comment Elizabeth Sentley	12/7/3/ 19 to 12//3/3/ 19
6. DATE OF BIRTH (month, dey, and year)	I last saw h alive on 12/13/3/19; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at # 20 A.m.
67   l day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Acute Myocaulit-
SAW MILL, BANK, etc	
this occupation (month and year)	
)	Other Coutributory Causes of Importance:
12. BIRTIIPLACE (city or town) (Stata or country)	Chance High challes
13. NAME Zunkroun	Chronic Nepferelis
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME	23. If deeth was due to external causes (VtOLENCE) litt in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT M. & Neumann (Address)	Specify whether injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place. Offord + /// Date Nec. 15 1931.	Nature of injury
19. UNDERTAKER 6. Thayrice Hewnam & Son (Address) Transport Ind.	24. Was disease er injury in eny way related to occupation ef deceased?
20. FILEO 12/13, 1931 M.S. Nevrus. Registrar.	(Signed) (Address) Search M.D.
If more blanks are needed address State Registrar	2411 N. Charles Street Raltimore Requesting 7) S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	5		
Other contributory causes of importance:	and the same of th	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1/19/12
1. PLACE OF DEATH	108
County Talbot.	Registration Dist. No. 6 2 90
Village or Gita Easton, (ii)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
. FULL NAME Mary Evelyn	Collins
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH See 23" (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ellip H, Collust.	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Yray - 9" 1904	I last saw h. A. alive on De 22 1921 ; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10-30 P-m.
27 7 1 H   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Lobar Vulunoma Dec 21-31
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country) Mary Land,	
13. NAME US ear' Wichols  14. BIRTHPLACE (city or town)	,
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en au opsy?
I 15. MAIDEN NAME Sydia to Patton	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19, 19, 19, 19
State or country) Mary Land	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT COLLEGE TO COLLEGE TO CANADA COLLEGE TO C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Inium
Place Teder als burg Made Dec 26", 1931	Nature of injury
19. UNDERTAKER J. diramblom & Sou	24. Was disease or Injury In any way related to occupation of deceased? 24.9
(numers) o oreact all trying, and	If so, specify
20. FILED 12 19.34 1. 1. 1. 1. 1. Registrar.	(Signed) M. (Ardress) M. (Ardre
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 8 1932	July 5, 1927	Peritonitis	3 days ago
	BURLAU V.S.			
Other contributory c	auses of importance:	j i	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

SIAIL	OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH		(131)	
County villat	)	Registration Dist. No. 292	
Village or City Off	nd	NoSt.,W  If death occurred in a hospital or institution, give its NAME instead of street and number)	Vard
Length of residence in city or town when			.ds.
2. FULL NAME 8h W	marketino.	Copyrell	
		Ct. Word	
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	and the same of th
sex 14. color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writche word)	21. DATE OF DEATH  (Month)  (Day)  (Year	.)
a. If merried, widowed, or divorced HUSBAND of (or) Wife of	in Yorsigthe	22. I HEREBY CERTIFY. That t attended deceased	from
. DATE OF BIRTH (month, day, end yeer)	Par 18: 1976	Hast saw hunty elive on All 12 1931 deeth is	said
. AGE Yeers Months	Deys If LESS than	to heve occurred on the dete steted ebova, at 12 2in.	
55 1	26\ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	neat
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ishet Superintendent	artems-selevois abut Sept 19	130
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Lefe Jusinance		••••
10. Dete deceesed lest worked et this occupation (month and year)	11. Total time (years) spent in this occupation 20		
2. BIRTHPLACE (city or town) Cause (State or country)	bridge End	Other Contributary Causes of importance:	0.34
13. NAME our shad	Ideus Browell	Gume successive regimes pay.	100
14. BIRTHPLACE (city or town).	sees anne red	Neme of operation Dete of	
(State or country)	( )	Whet test confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME Carol	me Volter	23. If deeth wes due to external ceuses (VIOLENCE) filt in also the following:	
16. BIRTHPLACE (city or town)	ween anne Eng	Accident, suicide, or homicide? Dete of injury, 19	
(Stete or country)	, ,	Where did injury occur?	
17. INFORMANT Mr. W. Ar. W. (Address)	Overall mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	103	Manner of injury	
Placo Man Onfor	Dete 10 19 31	Nature of injury	
9 06	July Bra	24. Was disease or injury in any way related to occupation of deceased? 200	
9. UNDERTAKER /W W MALLEY (Address)	Octord mi	If so, specify A	

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Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI of should County C Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth? ement CIANS (a) Residence: No St.. Ward (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) assified. (Yeer) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of I last saw h\_\_\_\_\_alive on 6. DATE OF BIRTH (month, dev. and year) properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at\_\_\_\_\_\_m 1 dey, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or \_\_\_\_ min. were as follows: Date of onset 8. Trade, profession, or perticular LION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc ..... may 9 Industry or business In which should PA work was done, es SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ occui 10. Dete deceased lest worked at 11. Total time (years) this occupation (month and spent in this that occupation vear) instructions AG] Other Coutributory Causes of importance: 80 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town plain (Stete or country) carefully What test confirmed diegnosis?\_\_\_\_ Wes there an eutopsy?\_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill In also the following: Ë important Accident, sulcide, or homicide?\_\_\_\_\_\_ Deto of injury\_\_\_\_\_\_\_\_19\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country Where did injury occur?..... (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) REMOVAL 18. BURIAL CREMATION. Menner of Injury SE mation MOLL Nature of Injury. 24. Was diseese er Injury in any way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). ż 20, FILED ... Registrar. (Address) \_\_\_\_

BINDIN

FOR

RESERVED

MARGIN

S. No.

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	Example I		Example II	
The principal cause of of importance were as f	death and related cause ollows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	IRECEN/E	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephrit	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	JAN 6 1932	July 5,1927	Perilonitis	3 days ago
	THE PARTY OF THE P	. 1 2 1		
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	. 1 yeor

FOR BINDIN

MARGIN RESERVED

1. PLACE OF DEATH	14816
County Tallat	Begintration Diet No. 990
4.	Registration Dist. No. 290
Village or City Gastan	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city of town where death occurredmrsmos	y ds. How long IN U.S. if of foreign birth? Junyrs. mos. ds.
2 FULL NAME Stillhorn brouch	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (surice the word)	21. DATE OF DEATH Wecember / 3 193/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
A 0.2	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end yeer) Dec. 13 31	I lest saw h eliva on, 19; deeth is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
Dell Jan ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Still-born, 5 month
SAWYER, BOOKKEEPER, etc	felus #2
work was dona, as SILK MILL, SAW MILL, BANK, atc	( Toxema of Prognancy)
Date decesed last worked et 11. Total time (years)	
this occupation (month and spant in this occupation year)	
Sa Italy	Other Coatributory Causes of importence:
12. BIRTHPLACE (city or town)	
E 13. NAME Pickard Vilton Charale	
E P. Ala T. A	
(State or country)	Nama of operation Deta of
II 15. MAIDEN NAME (1):00 Clipa both (1):01,00	What lest confirmed diagnosis?
E P A A	Accident, sulelde, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
m. Oline C	(Specify city or town, county and State)  Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT TO WALLE GROUNDS	Specify whether injury occurred in IMDOSTRI, in HOME, of in PODERC PEACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place St Pauls, Chestertownate 12-14-,1931	Nature of injury
19. UNDERTAKER Pelhard H. Cravely	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Tres, Hall nid.	If so, specify
20. FILED 12/18, 19.31 M. H. Neurus Registrar.	(Signed) M. D. (Address) Sactor 2nd

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JA 1932	July 5,1927	Peritonitis	3 days ago
BUPEAU V.	5		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

	-CERTIFICATE OF DEATH 14817
1. PLACE OF DEATH County	Registration Dist. No. 293.
Village or City pear Corosa	No. St Ward
t at a ta a to	(If death occurred in a hospitator institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Herbet John Regan	
(a) Residence: No	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED.	21. DATE OF DEATH
Male Thele OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	
(or) WIFE of	22. THEREBY CERTIFY That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) africal . 1921	I last saw he alive on Rec 2/3/ 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
10 9 24 Iday, hrs	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, School Child SAWYER, BOOKKEEPER, etc.	Ou bulor reformles
9. Industry or business in which	( Sut acus) nel
O SAIT MILL, DAIN, etc.	kuord
O Dato deceased last worked at this occupation (month and year) spant in this occupation occupation	politica
12. BIRTHPLACE (city or town) Germany	Other Contributory Causes of importance:
(Stete or country)	Maeria Joseph
13. NAME John Henge Hegan	Chaustin feart
13. NAME John Neuge Legan  14. BIRTHPLACE (city or town) Germany	Name of operation Date of
(State or country)	What test confirmed diagnosis?
H	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
State or country)	Accident, suicide, or homicide?
17. INFORMANT John Nerusper Degan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Caston Dale Ske 5/3, 19	Nature of injury
19. UNDERTAKER James Opened	24. Was disease or injury in any way related to occupation of deceased?
(Addiess) Gaster Mo.	if so, specify (Signed)
20. FILEO 193/4 Je Le Dudice Registrar.	(Signed) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

4	Example 11	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING	A PERMANEN	ted EXACTL	perly classified.	ificate
D F(	SI SI	be sta	be pro	of car
RESERVE	IG INK-TH	AGE should b	that it may b	no park c
MARGIN	H UNFADIN	supplied.	in terms, so	Soo instructi
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANEN	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.	TION is very important See instructions on back of certificate.
V. S. No. 1	N. BW	mat	T) CAI	)

County Falbor  Village or City  Village or Administration  No. Market or Country  Village or City  Village or City or Lown  No. Market or City  Village or City	STATE OF MARYLAND-	CERTIFICATE OF DEATH
Village or City New York (If death occurred in a hospital or institution, give its NAME instead of streat and number)  Langth of residence in city or town where death occurred yes abode.  2. FULL NAME  (a) Residence: No.  (build place of abode)  PERSONAL AND STATISTICAL PARTICULARS  2. SEX (COLOR OR RACE S. SINCLE, MARRIED, WIDDWED  S. HI merried, widowed, or divorced William (year)  His Barried, widowed, or divorced William (year)  For John Language of City or town, and State or South of Corol with Color of Corol with Cor	1. PLACE OF DEATH	(159) 14010
Length of residence in city or town where death occurred yrsmosdsdsmosdsdsmosds	County Falbre	Registration Dist. No. 34 ×
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX   Color or RACE   S. SINCLE MARRIED, WIDOWED, OR DIVORCED (agric the word)  So. If merried, widowed, or divorced HUSBANO   Corp.    Free   HUSBANO   Corp.    Free   Following   Corp.    Free	(1	If death occurred in a hospital or institution, give its NAME instead of street and number)
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 1, 4. COLOR OR RACE S. SINGLE, MARRID, WIDOWED, OR DIVORCED. Carrier tha word)  5.3. If merried, widowed, or divorced HUSBAN or Months, day, and year)  5.4. If merried, widowed, or divorced HUSBAN or Months (Oay)  6. DATE OF DERTH  7. AGE Vears Months Oays It LESS than I day, his, or SO. min.  8. Trede, profession, or particular sind of work dome as SPINNER, Or SO. min.  9. If the PERNICIPAL CAUSE OF DEATH end related causes of importance were as follows:  10. BIRTHPLACE (city or town)  11. Totel time (years) spant in this occupation (month and spant in this occupation)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Address)  18. BURNALT-OREMANT  (Address)  Manner of injury	2. FULL NAME Cleyyour Caron	
3. SEX   4. COLOR OR RACE   S. SINGLE, MARRIED, WIDOWED, OR DIVORCED, Captric the word)   Color of Divorced HUSSANO of (Or) WIFE of   Color of Or) WIFE of Or) WIFE of   Color of Or) W		
Sa. If merried, widowed, or divorced HUSBANG (Month) (Oay) (Year)  5a. If merried, widowed, or divorced HUSBANG (Month) (Oay) (Year)  5b. If a principle widowed, or divorced HUSBANG (Month) (Oay) (Year)  5c. DATE OF BIRTH (month, day, and year) Out 6 / 934  7. AGE Years Months Oays If LESS than Iday his. Act of the principle of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBANO of (or) Wife or) Wife of (or) Wife or) Wife of (or) Wife or) Wife of (or) Wife or) Wife of (or) Wife of (or) Wife or) Wife of (or) Wife of (or) Wife or) Wife or) Wife or) Wife of (or) Wife or) Wife or	Tem OR DIVORCED (swrite the word)	Dec 67 1931
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than 1 day, hrs. or 30 min.  8. Trede, profession, or particular kind of work done; as SPINNER, SAVYER, BOOKKEPER, etc.  9. Industry or business in which this occupation (month end year)  SAVYER, BOOKKEPER, etc.  9. Industry or business in which this occupation (month end year)  SAVY MILL, BANK, etc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL-GREMATION-OR-REMOVAL  Manner of injury	HUSBANO of	
The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:    Trede, profession, or particular in the following in do work done, as SPINKER, SAWYER, BOOKKEEPER, etc.   Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, SAWYER, BOOKKEEPER, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which work wes done, as SPINKER, Sawyer, Bookkeeper, etc.   Say industry or business in which were es follows:   Data of enset   Data of enset   Data of enset   Data of enset   Say industry or business in which were es follows:   Other Contributory Causes of Importance:   Other Contributory Causes of Importance:   Other Contributory Causes of Importance:   Say industry or business in which were es follows:   Other Contributory Causes of Importance were es follows:   Other Contributory Causes of Importanc	6. DATE OF BIRTH (month, day, and year) Dec 6 - 1931	
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month end year)  11. Totel time (years) spent in this occupation (month end year)  12. BIRTHPLACE (city or town).  13. NAME  14. BIRTHPLACE (city or town).  15. MAIOEN NAME  16. BIRTHPLACE (city or town).  16. BIRTHPLACE (city or town).  17. INFORMANT.  18. BURIAL GREMATION, OR REMOVAL  Manner of injury	7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
Other Contributory Causes of Importance:   12. BIRTHPLACE (city or town)	8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL BANK etc.	Premature biril (7 hiss)
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (\$\frac{1}{2}\$ table to country)  16. BIRTHPLACE (city or town) (\$\frac{1}{2}\$ table to country)  17. INFORMANT (Address)  18. BURIAL CREMATION, OR REMOVAL  Manner of injury	year) occupetion occupetion  12. BIRTHPLACE (city or town) Palloro 65.	Other Contributory Causes of Importance:
Whet test confirmed diegnosis? Was there en autopsy?  23. If deeth was due to externel causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Date of Injury, 19  Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL CREMATION, OR REMOVAL  Manner of injury  Manner of injury  Manner of injury		
15. MAIOEN NAME Culture Name Saster  16. BIRTHPLACE (city or town)  (\$\frac{1}{2}\$   15. MAIOEN NAME Culture Name Saster  16. BIRTHPLACE (city or town)  (\$\frac{1}{2}\$   16. BIRTHPLACE (city or town)  (\$\frac{1}\$   16. BIRTHPLACE (city or town)  (\$\frac{1}{2}\$   16. BIR	14. BIRTHPLACE (city or town) Jalot 6	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT  (Address)  18. BURIAL; CREMATION, OR REMAYAL  Manner of injury  Manner of injury		
17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Manner of injury	16. BIRTHPLACE (city or town) Jalon Co.	Accident, suicide, or homicide?
marie of mar	(Address) graphe ASS	
(1, 1/2)	72 1640 100 77 2	
19. UNDERTAKER Odward Oasow 24. Wes disease or Injury In eny way releted to occupation of decessed? 400 If so, specify		
20. FILEO DEC 6 , 19 34 Sovel afford (Signed) (Signed) M. (Address) M. (Address) M. (Address) M. (Address) M. (Address) M. (Address) M. (Signed) M. (Address) M.	Coral Registrar.	(Address) Craffel run

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Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:			
datatories	May 1,1920	tusu oenter uts	1 year		

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

BINDIA

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			-

484	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	46 14820
	county Talbat	Registration Dist. No. 290
item of should of OCC	Village or City & Easton	Comerque topti, Ward
= 0 /		death occurred in a horpital or institution, give its NAME instead distrect and number)  3 ds. How long in U.S. if of foreign birth?mrsds.
CORD. Every PHYSICIANS ct ctatement	2 FULL NAME Cerra P. Gree	u de la companya della companya dell
SIC. E	(a) Residence: No. Recetors Wid.	St., Ward.
C H X	(Usual place of abode)	If nonresident give city or town and State
N E	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
A Y M	Temas (1) lite OR DIVORCED (write the word)	Alee (Month) (Day) (Year)
T. I.	5a. If married, wildowed, or divorced PD	
MAN A C'A C'assifi	(or) WIFE of ! Aconos (1, quein	22. I HEREBY CERTIFY, That I attended deceased from Alee 2 2 193/, to Alee 2 5 193/
HEND.	6. DATE OF BIRTH (month, day, end year Core. 16, 1863	I last saw hew alive on Alex 75 , 193/; death is sald
P. P	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at // 42 -m.
FOR B IS A PE stated E properly certificate	68 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
- 10	8. Trade, profession, or particular kind of work done, as SPINNER,	
VED THIS and be ay be ck of	- SAWYER, BUUNNEEPER, etc.	Julishung Merrichan
RVI could may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
G INK—GE shouthat it mins on ba		
REG I VGE that	year) oscupation	Other Cantributory Causes of importance:
ARGIN RENFADING oplied. AGI erms, so that	12. BIRTHPLACE (city or town) Many land	CARRIE TENERAL STOLE
ARG) NFA oplied erms, instru		To melas Talio, Caremona 9 Bornel
e tud	14. BIRTHPLACE/city or town) Maryland.	Name of operation Pormel Recentury Date of 12, 22
E . E 02	(State of Country)	What test confirmed diagnosis? Churcul Was there an autopsy? Zag
Y, WIT carefully IH in pla	15. MAIDEN NAME Went Wookall	23. If death was due to external causes (VIOLENCE) fill In also the following:
INLY, W) be carefu EATH in	[ 16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?
AINL Id be DEAT	State or country)	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT Altrille City h.	Specify whether Injory occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
F=1 100	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
三 三 四 元	Place Dellaw Date Date 16 2/ 1931	Nature of injury
-WRITH mation S CAUSE TION is	19. UNDERTAKER & Viral Ellow	24. Was disease or Injury in any way related to occupation of deceased?Z_d
o Z	(Address)	If so, specify
STZ-	20. FILED 12/26, 19.31 M. W. Merres	(Signed) (Signed) M. D.
	Registrar.  If more blanks are needed, address State Registrar,	(Address) College Street, Baltimore, Requesting V. S. No. 1,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   JAN 0	July 5,1927	Peritonitis	3 days ago
EUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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MARGIN

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Chronic interstitial nephratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
JAN 8 1639	į		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Jallot	Registration Dist. No. 292
Village or City Outord	No. St. War
	If death occurred in a hospital or institution, give its NAME instead of street and number)  s
0 0	
2. FULL NAME Julius Haddau	
(a) Residence: No. (Usual place of abode)	OSt., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Note 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of Fullian Huddoway	22. I HEREBY CERTIFY, That I attended deceased from 1931, to See 20, 1931
5. DATE OF BIRTH (month, day, and yeer)	I last saw h in alive on Sec 20 , 193/; death is sa
7. AGE 47 Years 6 Months Deys If LESS than 1 day,hrs or roin.	werp as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Coarpenter SAWYER, BOOKKEEPER, etc. 1.	Ucute Myreadely
kind of work done, as SPINNER, laarpenter SAWYER, BOOKKEPPE, etc.  9. Industry or business in which work was done, as SILK MILL, Ship yard SAW MILL, BANK, etc.  10. Date deceased last worked et this occupation (month and spent in this	
12. BIRTHPLACE (city or town) and spara Md (State or country)	Other Contributory Causes of importance:
x1	
13. NAME ALGORIAN SALAMAN AND AND AND AND AND AND AND AND AND A	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Marky M beaswell	23. If deeth was due to external causes (VIOL ENCE) fill in also the following:
I6. BIRTHPLACE (city or town) Sourset 60 (State or country)	Accident, suicide, or homicide?
17. INFORMANT A. H. Haddayay	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Off ord City Date () - CQ 2 7.19 3/	Menner of injury
19. UNDERTAKER M. G. Hueraun of 300 (Address).	24. Was disease or injury In any way related to occupation of deceased? Zw
20. FILED. Dec 132 1931- Joseff afor Registrar.	(Signed) (Address) Address M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 6 1932	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
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N.B.

PLACE OF DEATH  County Talb I	14823 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 290
Village or City Hear Easter (No	St.: Ward)  St.: Steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Married. Mar	16 DATE OF DEATH 25 25 , 192/  OLL 2 3 (Month) (Day) (Year)  17 O I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day), 1864	that I lest sow h 1/2 alive on De 23, 193/
If LESS than I day hrs.  B OCCUPATION  B OCCUPATION	and that death occurred on the date stated above, at 4 / 2 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	Alfhitis (Duration) 2 ors mos ds
9 BIRTHPLACE (State or country) Salbot le	Contributory Secondary  Puration  Puration  M. D.  Contributory  Secondary  Address  M. D.  Contributory  Secondary  M. D.  Contributory  M. D.  M. D.  Contributory  M. D.  M. D.  Contributory  M. D.  M. D.  Contributory  M. D.  M. D
OF FATHER  (State or country)  12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Supan Harrison  13 BIRTHPLACE OF MOTHER (State or Country) Fall &	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where wes disease contracted,
(Informant) Several F Harden	if not at piece of dee.h?  Former or usual residence
(Address) Easton Md	Landing helk Sic 24, 1931 20 UNDERTAKEN ADDRESS
Registrar	16 W Saveton St. Balto Requesting V. S. Do. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.) tetanius) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; nterstitial nephritis, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	15-0
County Gallot and It	Registration Dist. No. 294
Village or City.	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME adam J. Tharres	
(a) Residence: No.	St. Warel.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Thanked	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND of (or) WIFE of Annie of Harrison	22. I HEREBY CERTIFY, That I attended daceased from 1921.
6. DATE OF BIRTH (month, day, and year Cleaned 31 1860	/ last saw have alive on 7, 1934; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	were belocarteles (2/2/3)
O Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) Wattoman Males (State or country)	Other Contributory Causes of importance:  Mustle tale terflerity 3-year
13. NAME Leve P. Harreon	445
13. NAME Jery & Hurrson  14. BIRTHPLACE (city or town) Withman mal (Stata or country)	Name of operation Data of What tast confirmed diagnosis?
15. MAIDEN NAME Many & Youls	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Many & Jones  16. BIRTHPLACE (city or town)  (Stete or country)  **Jallot** Co	Accident, suicide, or homicide?
17. INFORMANT Annie of Harrison (Address) Withman ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Michaels Data Dec 7 , 19.31	Manner of Injury
19. UNDERTAKER Heuram & Harrison (Address) (xt mikash Indo	24. Was disaase or Injury In any way releted to occupation of decaased? Lab
20. FILED Dec 7, 19 3 1 Mis Vistor & Forter Registrar.	(Signed) Anis H. Syllo M. D.  (Address) Walturare and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example I		Example II	
of importance were	of death-and-related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1, 244 6 1952	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gostroenteritis	1 year
		~		

V. S. No. 1

RESERVED FOR BINDING	BINDING	14
IG INKTHIS IS A	NG INK-THIS IS A PER NENT ECORD	)
refully supplied. ACE	refully supplied. ACE should be stated EXACTLY, PHYSI	PHYSI

1	PLACE OF DEATH County Jallace	STATE OF MARYLAND CERTIFICATE OF DEATH
certificate.	Village or City Mean Easton My No	St: Ward)  St: Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
erti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
back of c	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Wee
s on	Omega (Month) (Day) (Year)	17 I HEREBY CERTIFY, That Lattended the deceased from  192 1 to file 192 1, 192 1, that I last saw here alive on the letter 192 1,
Instruction	7 AGE  33 yrsmosds.   If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
tant. See	B OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in	(D)
importa	9 BIRTHPLACE (State or country)	Contributory Secondary  Contributory  Contri
s very	10 NAME OF FATHER Henry Sulivan	(Signed) Flatford Has Mr.D.  12/1 /1921 (Address) Carlos My
ATION	OF FATHER (State or country)	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Salle Campel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
מכנו	OF MOTHER (State or Country) Tallet Co	At place of deathyrsds. In the Stateyrsds.  Where was disease contracted,
101	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
men	(Informant) Helliam 4 Jackson	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
erare	(Address) Gaslon Mid	20 UNDERTAKER ADDRESS ADDRESS
	Filed 12/1 1981 / Perrus Registrar	James aspence Easton Hid
	If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISTASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved as fracture of skull, and consequences (e.g., sepsis, carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJULY by Committee on cough; Chronic Example: Measles (disease affection need not be valvular heart disease; etc. The contributory Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH 1/60C
1. PLACE OF DEATH	82-0
County Talliat	Registration Dist. No. 290
Village or thy Easter (If	death occurred in a Josephial or institution, give its NAME (nated of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long In U. S. If of foreign birth?yrsmosds.
2. FULL NAME Harman James	uce Leurs
(a) Residence: No. Fe desalshur q, Ju	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. STWGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male white married	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBAND of Committee Committee  The Committee  The Committee  The Committee Committe	22. I HEREBY CERTIFY. That i attended deceased from  192. 1931, to 1920. 1931
6. DATE OF BIRTH (month, day, end year) 1. 0. 26. (872	I lest saw h six alive on Dec. 7, 19.3 /; death is said
7. AGE Years Month Days If LESS then	to have occurred on the date steted above, et_ J
5 859 4 9 1 day,	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:  Date of onset
8. Trade, profession, or perticular kind of work done, as SPINNER, Button Culter SAWYER, BOOKKEEPER, etc.	Cerobral hemorbage Deci
9:4 Industry or business in which work wes done, as SILK MILE Xelsion Pearl Work	
10. Dato deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Philadelphia	Other Contributory Causes of Importance:
(State or country)	Voroxyswal hypertension.
13. NAME Taurence Joseph Jeurs	Name of acception Mont
14. BIRTHPLACE (city or town) Partia a delyman (State or country)	What test confirmed diagnosis Phys Exam! Was there an eutopsy? No
15. MAIDEN NAME Elizabeth Thomas	23. Il death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Philadelphice (State or country)	Accident, sulside, or homicide? Dete of injury, 19
17. INFORMANT Mrs. anna M. Devis (Address) 247 Elentral Gre Factorial	(Specify city or town, county and State) Specify whether Injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place William De 1 Date 12/ 6 ,1931	Nature of injury
19. UNDERTAKER / Trumptems Son	24. Was disease or Injury In any way releted to occupetion of deceased? No
20. FILED 12/5 19.31 M. Mevriss Registrar.	(Signed) Williams 1 + amm 1 M. D.  (Address) Easton my 1.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 7.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil cugineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier merbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

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(1)	, PHYSI
CORD	EXACTLY,
	ted E
G ENT	be stated

a S	PLACE OF DEATH
PHYSI	County Talbot
÷ ÷	
EXACTLY, y classified ficate	Village or City McDaniel (No.
38	Village or City // CUANIE/ (No
cla	M' ' MDF
E E	2FULL NAME Minnie APEL
should be stated it may be proper! s on back of certif	PERSONAL AND STATISTICAL PARTICULARS
prof	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married
be ck	. WIDOWED.
ay bad	Female White OR DIVORCED (Write the word)
shou it m	6 DATE OF BIRTH
t it	August 17 , 1864 (Month) (Day) (Year)
ion	(Month) (Day) (Year)
supplied. ACE s in terms so that in See instructions	7 AGE   If LESS than
ed is s	67 yrs. 3 moa. 24 ds. or min.
in	OCCUPATION MOS. MOS. OCCUPATION
sup te	M (a) Trade, profession or D 4
air.	particular kind of work (b) General nature of industry
200	business, or establishment in
の上土	which employed or (employer)
be carefully selected in plain important.	9 BIRTHPLACE (State or country)
DE A	Maryland
9.0	10 NAME OF FATHER HOP
information should state CAUSE OF D CCUPATION is very	FATHER - APC
S S S	OF FATHER
A	W -
AT	OF MOTHER MA COAKA
ate	13 BIRTHPLACE
Cost	State or Country) (90 pr manu
D 0	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
- 0	
sho	(Informant) Canvel Low
CIANS sho	(Address) McDaniel mil
Sta	Comments of the Comment of the Comme
	Filed Den /2 19 3/ Ma Vitor S. Prote

16 DATE OF DEATH

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

### MEDICAL CERTIFICATE OF DEATH

Dec (, 19)		
(Month)(Day) (Year)		
17 I HEREBY CERTIFY, That I attended the deceased from		
heareh /3 1930. to to se // 193/,		
that I last saw h Walive on To see 4, 198/,		
and that death occurred on the date stated above, at 7.45		
The CAUSE OF DEATH * was as follows:		
found carcuss		
1		
from Carewing Treas		
(Duration) 2 mos ds.		
Contributory General Callery		
Secondary		
(Duration), yrs mos ds.		
(Signed) Louis Hotto M. D.		
Dre (2197) (Address) by stteraw led		
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether		
Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-		
ients or Recent Residents)		
At place of death yrs. mos. ds. In the State yrs. mos. ds.		
Where was disease contracted, if not at place of death?		
Former or usual residence		
19 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL		
nost posteriales Dec /3, 1931_		
20 UNDERTAKER ADDRESS		
3/1 - Slee . HSII - G-10.		

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 où

(Approved by U. S. Census and American Public Health Association.)

work, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Colton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Screant, Cook, Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, whatever, write Nonc. " etc., report specifically the occupations of persons en-6 yrs). For many occupations a or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Luborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the single word or term or (6) (irocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasins); Meastes, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicuomia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haeinorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar: or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mentelarius) may he stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. Whooping American Medical Association. approved (Recommendations on statement of cause of and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature cough; Chronic etc. affection need valvular The contributory Always qualify all heart not be disease;

If this certificate is tooked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or-		STATE OF MARYLAND—	CERTIFICATE OF DEATH 14828
st inf	10	1. PLACE OF DEATH	(57) Dr Dewy Wellson
ould of	3	County Saller	Registration Dist. No. 290
item	10	Village or City Prellevue,	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS T		Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. it of foreign birth?
Eve	Statement	2. FULL NAME Cume M Mae	Rey
D.O.	ran	(a) Residence: No. Psellevue 200	St., Ward.
	1	(Usual place of ahode)	/ If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
RECO PH	yac	PERSONAL AND STATISTICAL PARTICULARS  3. SEX	21. DATE OF DEATH
		Female plack OR DIVORCED (write the word)	(Month) (Day) (Year)
MANE	SSIIIG	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Washington	22. I HEREBY CERTIFY, That I attended deceased from  1931 to DSC 47 The 1931
A SM	. cla	4 7 1	I last saw here alive on OSC 32 193/ : death is said
D	ate	6. DATE OF BIRTH (month, day, and year) 2 3 - 1863 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.36 P.m.
JR.	proper	// 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
FO.	prope certific	8 Trada profession or particular	wero as follows:  I de la presente donnal
HIS pe		kind of work dona, as SPINNER, Housewefe	took of lineas
RVED	may	9. Industry or business in which	
ER K-	m g		
RESER G INK-	00	O IO. Data deceased last worked at this occupation (month and yaar)	
AG AG	ons	manufa d	Other Contributory Causes of importance:
Z G _	so	12. BIRTHPLACE (city or town) (Stata or country)	Oblination
ARGIN UNFADI	rms, so tha instructions	1 21	
A y day	9	E	Name of operation. Date of
	See	(State of country)	What test confirmed diagnosis? Low Was there an autopsy? The
WYT	ant.	15. MAIDEN NAME Guily Daries	23. If death was due to exteroal causas (VIOLENCE) fill In also the following:
S a K		5 16-BIRTHPLACE (city or town) - naurellaced	Accident, suiside, or homicida?
AINLY,	impor	(State or country)	Where did injury occur? (Specify city or town, county and State)
		17. INFORMANT Sweet Washing	Specify whether injory occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Pl	very	(Address) Fallevil 7118	Manner of injury
E 00 E	is is	Place Home toller 147 ,193	Nature of injury
WRIT	TION	40.1671.00	24. Was disease or injury In any way related to occupation of deceased?
0. 1 110	ZF.	19. UNDERTAKER OUL O MULLINGS (Address)	If so, specify
S E		ili- a myl n.	(Signed) S. Wenny Wells M. D.
> z	1	20. FILED 124 5, 1931 Wall of flexible Registrar.	(Address) St. Uscelcalle Tank
		If more blanks are meded address State Positioner	N Chalactery Patrice Party St. C. N.

more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TRITIDE ATTEC			
Other contributory causes of importance:	-p-(	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

, 193

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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onset	The principal cause of death and related causes of importance were as follows:	Date of onset
15	Attack of epilepsy	1 week ago
21	Run over by street car	1 weck ago
5,1927	Perilonitis	3 days ago
1	Other contributory causes of importance:	1 year
		Other contributory causes of importance:

(If death occurred in a horpital or institution, give its NAME instead of street and number)  Langth of residence in city or town where death occurred yrs. mos. ds. How long in U.S. Nof foreign birth? yrs. mos.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (renire the word)  S. SINGLE, MARKED, WIDOWED. OR DIVORCED (renire the word)  OR DIVORCED (renire the word)  6. DATE OF BIRTH (month, day, and year)  1 Last saw h.S. alive on place of abode of the data stated above, at 2 m.  The PRINCIPAL CAUSE OF DEATH and related courses of importance were as fellows:  9. Interplace of the data stated courses of importance were as fellows:  9. Interplace of the data stated courses of importance were as fellows:  12. BIRTHPLACE (city or lown)  (State or country)  14. BIRTHPLACE (city or lown)  (State or country)  15. MAIDEN NAME  15. MAIDEN NAME  Value  16. Date of operation.  Name of operation.	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
Village or City. Rayal Carlot (If death occurred in a boupins or institution, give in NAME instead of street and number)  Langth of residence in city or total where death occurred	7 16 5	115
Langth of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No.  (Usual place of abode)  St., Ward.    In nonresident give city or town and State   PERSONAL AND STATISTICAL PARTICULARS    3. SEX	County fallow	
Langth of residence in city or total where death occurred yrs mes.  2. FULL NAME  (a) Residence: No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  PERSONAL AND STATISTICAL PARTICULARS  S. SINGLE MARRED, WIDOWED  OR DIVORCED (over this word)  3a. If married, widowed, or divorced  (b) Wife of the contribution of the contri	Village or City (Tayal Care	
(a) Residence: No. (Usus) place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCID ("enric the word) St. It married, widowed, or divorced HUSBAND (Month) (Day) (Perr)  1. DATE OF DEATH  2. DATE OF DEATH (Month) (Day) (Perr) (Month) (Day) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Month) (Day) (Perr) (Month) (Day) (Perr) (Perr) (Month) (Day) (Perr) (Month) (Month) (Day) (Perr) (Month) (Month) (Day) (Perr) (Month) (Month) (Day)		
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)  1. DATE OF DEATH  2. DATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)  William Artification of divorced  HUSBAND  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)  William Artification of divorced  HUSBAND  4. COLOR OR RACE  S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write the word)  William Artification of divorced  HUSBAND  1. DATE OF DEATH  2. DATE OF DEATH  3. SINGLE, MARKED, WILLIAM  4. COLOR OR RACE  Wears  Months  Days  I LESS thing  1 last saw h 2. slive on  1 last s	2. FULL NAME Marcha Me	eles
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWSD, OR DIVORCED (write the world)  3a. It married, widowed, or divorced (Co) WiFe of  6. DATE OF BIRTH (month, day, and year)  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  IT LESS than 1 day, hrs, or, min.  3. Trada, profession, or particular  SAVYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc.  12. BIRTHPLACE (city or town)  (State or country)  Was there an aulopsy?  13. NAME  14. BIRT/AP/ACE (city or town)  (State or country)  Was there an aulopsy?  25. Indeen, was due to external causes (VIOLENCE) fill in also the following:  What test confirmed diagnosis?  Was there an aulopsy?  26. Specify city or town, country and State)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  Or Address)  Date of finding  MEDICAL CERTIFICATE OF DEATH  22. DATE OF DEATH  1 as the world  (Month)  (Day)  (Nonth)  (Day)  (Year)  1 last saw N.2.  1 alst saw N.2.  2 alway of the diagnosis?  Was there an aulopsy?  2 alway of the diagnosis?  Was there an aulopsy?  2 alway of the diagnosis?  Was there an aulopsy?  2 alway of the diagnosis?  Was there an aulopsy?  2 alway of the diagnosis?  Was there an aulopsy?  2 alway of the diagnosis?  Was there an aulopsy?  2 alway of the diagno	(a) Residence: No.	
3. SEX  4. COLOR OR RACE OR DIVORCD ("entric the world) OR DIV		
Figurable Black OR DIVORCED Centre the word of Worked Control of C		
Sa. If married, widowed, or divorced (wor) wife of (or) wife or (or) w		13/- 2-3
HUSBAND of (or) WIFE of CONTINER (or) WIFE or WIFE of CONTINER (or) WIFE of CONTINER (or	tiemale Block married	
to have occurred on the data stated above, at .2	HUSBAND of	dec. 15 ,193/ , to blee 23 , 193/
1 day, hrs. or min.  8. Trada, profassion, or particular kind of work done, as SPINNER, SAWER, BOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. 10. BIRTHPLACE (city or town) (Stata or country)  11. BIRTHPLACE (city or town) (Stata or country)  12. BIRTHPLACE (city or town) (Stata or country)  13. MAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMA NON, OR REMOVAL  Place  19. UNDERTAKER OF LOCAL COCUMENTS IN PUBLIC PLACE  Manner of injury  Nature of injury in any way related to occupation of deceased?		
8. Trada, profession, or particular kind of work done as SPINNER. SAWYER, BOOKKEPER, etc. 9. Industry or Dusiness in which work was done as SILK MILL, SAWYER, BOOKKEPER, etc. 9. Industry or Dusiness in which work was done as SILK MILL, SAWMILL, BARK, etc. 11. Total time (years) spent in this occupation (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMA/ION, OR REMDUAL Place  19. UNDERTAKER  10. Occupation  17. INFORMANT (Address)  18. BURIAL, CREMA/ION, OR REMDUAL Place  19. UNDERTAKER  10. Occupation  10. Date of minimum  10. Where ais follows:  10. Author of lowers  11. Total time (years) spent in this occupation  11. Total time (years) spent in this occupation  12. Date of importance:  13. AMME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Specify city or town, country and State)  17. INFORMANT (Address)  18. BURIAL, CREMA/ION, OR REMDUAL Place  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?  24. Was disease or injury in any way related to occupation of deceased?	The state of the s	
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date  19. JUNDERTAKER A  LUL D		
SAW MILL, BANK, etc  10. Data daceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (Stata or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Stata or country)  18. BURIAL, CREMANON, OR REMOVAL Place  19. Date  19. Date  10. Total tima (years) spent in this occupation  Other Coatributory Causes of importance:  Name of operation  Name of operation  Date of What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?  Specify whether injury occur?  (Specify city or town, country and State)  Specify whether injury occurrad in iMDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER Of Law	SAWYER, BOOKKEEPER, etc.	Jan Mary 18410/3
this occupation (month and year)  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMDUAL Place  19. UNDERTAKER Out   19. UNDERTAKER Out   19. UNDERTAKER Out   10. Other Contributory Causes of importance:  Other Contributory Cau	SAW MILL BANK etc	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMANON, OR REMOVAL Place  Date  Date	O this occupation (month and spent in this	
(State or country)  13. NAME  14. BIRTHPYACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPHACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMA)ION, OR REMOVAL Place  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  10. Mame of operation  Name of operation  What test confirmed diagnosis?  Was there an aulopsy?  Accident, suicide, or homicide?  Data of injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  Nature of Injury  19. UNDERTAKER  24. Was disease or injury in any way related to occupation of deceased?	0	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Aggregate Date 24, 19-34  19. UNDERTAKER		
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Da	13. NAME Janes Thomas -	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Da	14 PIDTUDIACE (situ os town)	Name of operation Date of
16. BIRTHPLACE (city or town)  (Stata or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Of Accident, suicide, or homicide?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. UNDERTAKER OLUMN OF CREMOVAL  24. Was disease or injury in any way related to occupation of deceased?	(State or country) Maryland	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)  (Stata or country)  Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Organ Country  Date 2 2 2 19-34  19. UNDERTAKER Out Of Live Cleaned to occupation of deceased?	15. MAIDEN NAME Lucy Kletor	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Date 24, 26, 19-34  19. UNDERTAKER Olive No County and State)  19. UNDERTAKER Olive No County and State)  (Specify city or town, county and State)  (Specify city or town, county and State)  (Address)  (Address)  Manner of injury  Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19
17. INFORMANT Specify whether injury occurred in industry, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place of the state of larger of l	(Stata or country)	Where did Injuty occur?
18. BURIAL, CREMATION, OR REMOVAL  Place Torgal Cala Date 12/2 C 19-34  Nature of Injury  19. UNDERTAKER Our Development of deceased?  19. Was disease or injury in any way related to occupation of deceased?		Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
Place Targae Cals Date 12/2 Co., 19-34 Nature of Injury  19. UNDERTAKER Olive N Welllage 24. Was disease or injury in any way related to occupation of deceased?		Manner of injury
19. UNDERTAKER Tolus & Wiellage 24. Was disease or injury in any way related to occupation of deceased?	A 2011 12/21 2	
(Address) Eurotoe 211 11 so, specify 1	100 at This object	
	(Address) Eustony zud	If so, specify
20. FILED 124, 1921 M. Devices (Signed) flugging Signed (Address) has long to the	20. FILED 12/24, 183/ M. A. Merries. Registrar.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage -	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 14831 1. PLACE OF DEATH pluods Registration Dist. No. 2012 County Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S How long in U.S. if of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. ff nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Yeer) 5a. If married, widowed, or divorced HUSBAND of 22. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of × 12-1 回 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at, stated I day,\_/\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or \_\_\_ min. were as follows: Date of onset Trade, profassion, or particular CUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_ may Industry or business in which should work was done, es SILK MILL, SAW MILL, BANK, etc..... on 10. Date daceased last worked at 11. Total tima (yaars) spent in this this occupetion (month and occupation \_\_\_ instructions Othar Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation. plain (State or country) carefully What tast confirmed diagnosis?\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicida, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ 16. BIRTHPLACE (city or town) DEATH (State or country) Where did injury occur? \_\_\_. (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE. plnods 17. INFORMANT (Addrass) OF 18. BURIAL GREMATION: OR REMOVA Mannar of injury CAUSE mation MOIL 19. UNDERTAKER (Addrass) If so, specify (Signad) acal Registrar. (Addréss) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JAN 6 192	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepl	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	FUREAU V.S.	July 5, 1927	Peritonitis	3 days ago
	A			
Other contributory ca	suses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 14832
1. PLACE OF DEATH	
County Talbot	Registration Dist. No. 290
Village or City Easton R. F. B =/	No. St., Ward
Length of residence in city or town where death occurredyrs/_O_mos	deant securicular a nospitat of institution, give its invitate instead of street and number)
0 . 17 1 10 4	
P 7	aney
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male colored or DIVORCED (gorite the word)	(Month) (Day) (Yaer)
5a. If married, widowed, or divorced HUSBAND of	a literative continue
(or) WIFE of	22. I HEREBY CERTIFY, That I attanded decassed from
6. DATE OF BIRTH (month, day, end year) Am N=1931	I last saw h alive on 19 ; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, atm,
10 19 lday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance ware as follows:
R Trade profession or particular	ment burned to death Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked et this occupation (month and	in accidental burning
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	of home hosemains found
SAW MILL, BANK, etc	for burial
this occupation (month and spant in this occupation ————————————————————————————————————	V
12. BIRTHPLACE (city or town) Easton, Miles Priver keep	Othar Coutributory Causes of Importanca:
(State or country) Talkot (surely)	
13. NAME Richard Elond's Monney	
14. BIRTHPLACE (city or town) Easton Mules River Medical (State or country)	Name of oparetion Date of
(State of County)	What tast confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Famil B. Hayman  16. BIRTHPLACE (city or town) June 14. (City or town) June 15. Maiden Name  (City or country)	23. If death was dua to external causes (VIOLENCE) fill In also the following:
5 16 BIRTHPLACE (city or town) I will and and	Accident, suicide, or homicide? Audend Date of Injury Decl., 1931.
E (Stete or country)	Whera did injury occur? Norse in Easton Nel. R. B. /. (Specify city or town, county and State)
17. INFORMANT Thickord Estands moony.	Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) A P P E Colon. M.J.  18. BURIAL, CREMATION, OR REMOVAL M. A.	// / / / /
Place	Manner of injury Louis Caught field wom slove
, ,	Natura of Injury Jo want of the dealty
19. UNDERTAKER NO Lindustation (Addrass)	24. Was disaese or injury in any wey related to occupation of dacaasad?
212 21 2041 -	(Signed) Not never socal Registron
20. FILED dy 9, 19.0 A Registrar.	(Addrass) Eastars Mrd
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

CEDTICIOATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUBB J T S		4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May1,1923	Gastroenteritis	1 year

FOR BINDI

RESERVED

MARGIN

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	· July 5,1927	Peritonitis	3 days ago
	egen en		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

19 1 MARGIN RESERVED FOR BINDING

	ificate.	cert	TION is very important. See instructions on back of certificate.
of OCCUPA	perly classified. Exact statement	pro	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA
should star	ted EXACTLY. PHYSICIANS	stal	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should star
item of info	A PERMANENT RECORD. Every	SIS	BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANE T RECORD. Every item of info

1. PLACE OF DEATH  County Jalboa	Posistadian Diet N. 201/
6	Registration Dist. No.
Village or City here may	No. St., Ward
	ssds- How long In U.S. if of foreign birth? yrsmosds
	0. 10. 1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (grite the word)	21. DATE OF DEATH Dec 31 (Month) (Day) (Yaar)
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 19, 19
DATE OF BIRTH (month, day, and year) Dec 3 - 1931	I last saw halive on19
7. AGE Yaars Months Deys If LESS than 1 day, hrs	to have occurred on the data stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at 11. Total time (years)	abortion 2 mps
this occupation (month and spent in this	
12. BIRTHPLACE (city or town) Falls 60 (State or country)	Other Coatributory Causes of importanca:
13. NAME Roy Smalls	
13. NAME (Loy Smith)  14. BIRTHPLACE (city or town) Jathor 6.  (State or country)	Name of operation
	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Muse Senera Humener  16. BIRTHPLACE (city or town) Galbor Country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT mo Roy Smul (Addrass) Fraffe has	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Thear or free Date Dee 4' , 1934	Manner of injury
19. UNDERTAKER ROY Smith Graphe and	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED. Dec. 4 , 1931 Jore Cal Consister.	(Signed) M. [ (Address) Yraffe Sub

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY. properly classified.

See instructions on back of certificate.

be should be

AGE

supplied.

mation should be carefully

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

Exact statement of OCCUPA-

CTATE	OF MADVE	AND CEDTIFICATE	OF DEATH
SIAIL	OF MARYL	AND—CERTIFICATE	OF DEATH

STATE OF MARTLAND	CERTIFICATE OF DEATH 14835	
1. PLACE OF DEATH	97)	
County Jallot	Registration Dist. No. 293	
Village or City Lendora	No. St., Wideath occurred in a hospital or isstitution, give its NAME instead of street and number)	ard
	death occurred in a hospitation assistance, give its IVAIVIE instead of street and number)	_ds.
2. FULL NAME John Thomas Will	A .	
(a) Residence: No. Lordova, gud	St Ward.	
(a) Residence: No. (Usual place of abode)	If annesident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	and the same
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  De Cember 20  (Month) (Day) (Year)	)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of  O Marie: Rootro Willis	22. LI HEREBY CERTIFY, That I attended daceased f	rom
41 / 1921	I last saw ham alive on Nec. 19 1931 : daath is	-L-
6. DATE OF BIRTH Chonth, day, and year) FUS. 6 1831 7. AGE Yaars Months Degs If LESS than	to have occurred on the date stated above, at 7:10 H m.	2916
(A) / (A) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance	
8. Trade, profassion, or particular	were as follows: Date of on	set
o kind of work done, as SPINNER, fallowed farmer, SAWYER, BOOKKEEPER, atc.		
Industry or business In which	arthin delevris 1921	, 7
work was dona, as SILK MILL, SAW MILL, BANK, atc		>
O 10. Date deceased last worked at		
12-30-6	Other Coatribatory Caases of importance:	
12. BIRTHPLACE (city or town) (State or country)		
E		
[ 14. BIRTHPLACE (city or town) (State or country)	Name of oparation	
	What tast confirmed diagnosis? Was there an autopsy?	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If daath was due to axtarnal ceuses (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?	~~~
∑ (State or country)	Whara did injury occur?	
17. INFORMANT CAMPLE M. Stiller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Easton - Md v Date 13.0 -, 1931,		
19. UNDERTAKER Jaseura O Server (Addrass) Faction	24. Was disease or Injury In any way related to occupation of daceased?  If so, specify	
20. FILED 721 , 1931, J. L. Sardner	10 1 10 10	и. D.
Registrar.	(Addrass)	

(Addrass) .....

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis LAN A 1999	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURPAU V.S				
Other contributory causes of importance:	Per III.O	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastrocnteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF DEATH
5 -	Registration Dist. No. 290
Village or City Oale (No	St: Ward) (If death occurred in a hospital or institution, give Its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. WILLOW OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
alleria . 1779	193 0. to blee, 6 , 193 /
(Month) (Day) (Year)	that I last sew halive on le, 192
7 AGE (If LESS than	and that death occurred on the date stated above, at
yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION .	- Manage Community
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) J yrs. mos. ds
9 BIRTHPLACE (State or country)	Contributory Secondary  (Defation)  yrs. A. mes. / de
10 NAME OF FATHER	(Signed) A A M. D
M 11 BIRTHPLACE	12/5/
OF FATHER (State or country)  12 MAIDEN NAME	/*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Haney Haymer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmos,ds, Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where wes disesse contracted, if not et place of dee.h?
En 11 All .	Former or usual residence.
(Informant) ( Car Cities	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Content find	In time 2: 60 9, 1921
Filed 12/9 1931 TH. Merria Registrar	Dames a Skene Endon Mid
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

14826

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous control wine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, (b) Automobile factory. The material first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart failure," "Haemorraage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the American Medical Association.) "Atrophy," "Collapse," Never report mere symptoms or terminal condi-Example: Measles (disease ," "Coma," "Convulsions, Measles;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould OCCI	County Jallot	Registration Dist. No. 29
shou of O	Village or City Man Baylon	No. St, Ward
. 70		death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign hirth?yrsmosds.
AN nen	2. FULL NAME Margaret & Wilson	Jida
rSICIANS	(a) Residence: No. 2 v org Lown	CA Wood
4	(Usual place of abode)	St., Ward If nonresident give city or town and State
RECO PH 3xact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
L Y. L Y. I. Ex	7 SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
IANA A C T	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 30 193(, to 1981)
EX.	6. DATE OF BIRTH (month, day, end year) Queg 27 1922	last saw here alive on bear 3.0 1931 death is said
IS A PEI stated E properly certificate.	7. AGE Years Months Days off LESS than	to have occurred on the date stated above, 920 a.m.
IS A I stated properliertifica	9 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
HIS I be s be p of ce	8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pericarditio with
K—T nould may back	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	SHILL 11/20
IGE INI AGE SH that it ons on	Oate deceased last worked et this occupation (month end year)	100
NFADING plied. AGI rms, so than	12. BIRTHPLACE (city or town) Full of Co	Other Contributory Causes of Importance:
AD ed. S, S	(Stata or country)	Ilcute Pheumales Greek
NF NP Splin	13. NAME Walle William  14. BIRTHPLACE (city or town) Facility  (State or country)	
H U sul	14. BIRTHPLACE (city or town) talent	Name of operation
ITTE Illy pla	(State of country)	What test confirmed diagnosis?
Y, W carefu	= (1, 40)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
TH Bor	16. BIRTHPLACE (city er town)	Accident, sulcide, or homicide?
PLALAT, Would be caref OF DEATH in	17. INFORMANT Walter Wilson	(Specify city or town, county and State) Specify whether Injory occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
5-7 10	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
三 田 当	Place I vory town Detech le 4, 1931	Nature of injury.
WRITE mation s CAUSE TION is	19. UNDERTAKER Martine & Michael & Son	24. Was disease or injury In any way related to occupation of deceased?
B. C.	20. FILEO (2/3 , 19.3/ M. H. Merriss	(Signed And Therribes M. D.
-	Registrar.	(Address) Address

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Example I.		Example II	
The principal cause of death and related causes of importance were as follows: An 6 1932	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis BUREAU VS			1 week ago
Chronic interstituat nephritis E. 1. 18	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
	4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

V. S. No. 1

PLACE OF DEATH	14838 STATE OF MARYLAND
County & W. at	CERTIFICATE OF DEATH
a a Jana	Registration Dist. No. 290
Village or City 15 64749 (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME Is
2FULL NAME Solmon Mil	stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male Colored SINGLE, MARRIED, WIDOWED. Wolors. OR DIVORCED (Write the word)	16 DATE OF DEATH Dee- 29, 1931  (Month) (Day) (Year)
8 DATE OF BIRTH    Dec 3   165   (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from  192 j. to 192 j., that I last saw harmalive on 192 j., 192 j.,
7 AGE 4 9 yrs.   mos. 29 ds.   If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of induatry business, or establishment in	-7
which employed or (employer)	(Duration) vie mos de.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Duration)  yrs
TO NAME OF FATHER PLANE WINDER	(Signed) fly March fly M.D.
() II BIRTHPLACE	12/30/192/ (Address) 6 03 tou My
Z (State or country)	*State the Disease Causing Death, or, in doaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Soll White	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Martin Wilson	Former or usual residence
(Address) Inflored hef	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed 12/31 1931 M. H. Nevers	20 UNDERTAKER ADDRESS
If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condistited unless important. Example: Measles (disease ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic affection etc. The contributory valvular heart Nomenclature need not be Measles; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

6